



PADUCAH PARKS & RECREATION
ALWAYS SOMETHING TO DO!

Summer Camp Registration Form

Camper's Info:

First _____ Last _____

Date of Birth: _____ Rising Grade: _____

Health Information: Please provide any and all health information in the space provided below. Include all allergies and any pertinent medical information.

Legal Guardian Name _____

Birth Date: _____

Address: _____

City, State, Zip: _____

Cell Phone _____

Home Phone _____

Work Phone _____

E-mail _____

Legal Guardian Name _____

Birth Date: _____

Address _____

City, State, Zip _____

Cell Phone _____

Home Phone _____

Work Phone _____

E-mail _____

Please place a check mark (✓) next to the best contact phone number for each parent

(Notify us IMMEDIATELY of changes in contact information. There are instances (inclement weather or illness) that require staff to be able to contact family immediately.)

\$70.00/week per child due at time of registration

Time of Camp: 8:30am-4:30pm

Camp Weeks Needed:

- ☐ June 5-June 9: Cliff Hanger (\$70)
- ☐ June 12-June 16: Climb that Wall (\$70)
- ☐ June 20-June 23: Nature, Nature (\$70)
- ☐ June 26-July 30: Fire House (\$70)
- ☐ July 10-July 14: Super Week (\$70)
- ☐ July 17-July 21: Discovery (\$70)
- ☐ July 24-July 28: River Town (\$70)

Total Amount Due: _____



Emergency Contact Form

Camper's Info:

First Last DOB: _____

*The individuals on this emergency contact list will be notified if we are unable to reach the primary and secondary guardians. **Do not list primary and secondary guardians here.***

First Emergency Contact

Name _____ Cellphone _____

Email Address _____

Address _____

Relationship to Camper _____

Second Emergency Contact

Name _____ Cellphone _____

Email Address _____

Address _____

Relationship to Camper _____

Third Emergency Contact

Name _____ Cellphone _____

Email Address _____

Address _____

Relationship to Camper _____

Pick Up and Drop Off Authorization Form

Camper's Info:

First Last DOB: _____

Legal Guardian Name(s): _____

Please list yourself and all persons that will be dropping off or picking up your camper for the summer and include their up-to-date cellphone numbers. All persons listed here will be required to present a picture ID when picking your camper up. All authorized persons must be at least 18 years of age. Persons not listed here will not be allowed to take your camper from supervision of Camp Staff.

This list will not be used for the Emergency Contact Form.

First Name	Last Name	Phone Number
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First Name	Last Name	Phone Number
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First Name	Last Name	Phone Number
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First Name	Last Name	Phone Number
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First Name	Last Name	Phone Number
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Please add names as they appear on driver's license.

Paducah Parks & Recreation Camp Waiver

Camper's Info:

First Last DOB: _____

I understand that this event is potentially hazardous, and that I (or my camper) should not enter and participate unless medically able and properly trained. I assume full responsibility for any injury or accident which may occur while traveling to or from the event, during the event, or while on the premises of the event. I also am aware of and assume all risks associated with this event, including but not limited to falls, contact with other campers, effects of weather, traffic and conditions of the road.

I hereby release the City of Paducah, Paducah Parks & Recreation, and each of their agents from any liability arising out of my or my camper's participation in this event. This waiver includes any and all claims, whether caused by negligence or the action or inaction of any of the above parties.

- ☐ I hereby grant full permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.
- ☐ I do not grant permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Parent/Guardian Signature

Date



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Camp Forms Acknowledgement & Agreements

Camper's Info:

First Last DOB: _____

I have read and reviewed the entirety of the Parent Packet and understand the guidelines, policies and procedures of camp. I will follow all requirements to the best of my ability.

Furthermore, I have read and reviewed the Behavior and Discipline Policies to my camper. I am fully aware of camp policies and understand that refunds will not be distributed to campers suspended from camp for violations of these policies.

Parent/Guardian Signature

Date

Camper Behavior Contract

Camper's Info:

First Last DOB: _____

I agree to make Paducah Parks and Recreation Summer Camp a safe place for myself and my fellow campers. For the benefit of other campers, the staff, and myself; I agree to conduct myself in the following respectful manner:

- ☐ I will respect myself and others.
- ☐ I will listen to others, including camp staff and fellow campers.
- ☐ I will control my own behavior and use appropriate language.
- ☐ I will not cause physical or emotional harm to other campers or staff.
- ☐ I will follow the camp rules and the camp schedule.
- ☐ I will respect the environment, camp equipment, property and other camper's belongings.
- ☐ I will wear appropriate clothing and footwear for all activities at camp.

Camper Signature

Date

Parent/Guardian Signature

Date

This document must be signed by camper and parent and returned before their session begins.

Medication Authorization Form

In the event of a medical emergency; Camp Staff will call 9-1-1 and follow all recommendations set forth by 911 dispatch. Any and all medications will not be administered by staff unless instructed to do so by 9-1-1 dispatch and only with parent/guardian approval below.

I, _____, hereby give permission to Paducah Parks & Recreation Staff to administer medication to my child, _____, in the case of an emergency. This medicine has been prescribed for my child by Dr. _____ their phone number is (_____) _____ - _____.

Medications prescribed by doctors that are to be taken on a regular basis may be brought to camp each day in the original containers with dosage and frequency clearly stated on the original labels. All medications must be placed in a plastic Ziploc bag labeled with the name and age of your child. Medication such as antiseptics and acetaminophen should not be brought to camp. Prescribed medication will be kept by staff in their first aid kits. Medications must be administered by the child at the appropriate time. Camp Staff will carry antiseptics and other supplies in their first aid kits.

My child, _____, needs to take medication during camp.

Medication: _____

Dosage of medication: _____

Time to administer medication: _____

Reactions or side effects child may experience after taking medication:

Medication: _____

Dosage of medication: _____

Time to administer medication: _____

Reactions or side effects child may experience after taking medication:

By signing this form, I shall release the City of Paducah, Parks & Recreation, it's staff, agents and officials from any liability of any nature that might result from the administration of medication to the child participant.

Parent/Guardian Signature

Date